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## \*BIBDATASHEET\*

Bib Data Sheet

CONFIRMATION NO. 4022

SERIAL NUMBER 09/777,863	FILING OR 371(c) DATE 02/07/2001 RULE	CLASS 704	GROUP ART UNIT 2654	ATTORNEY DOCKET NO. 0026-0008
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## \*\* CONTINUING DATA \*\*\*\*\*

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 03/16/2001

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 7	TOTAL CLAIMS 24	INDEPENDENT CLAIMS 7
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature _____	Initials _____			

## ADDRESS

44989

## TITLE

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